

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90059 040 \*\*\*158.75

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1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P94000037662</b> 1. Entity Name <b>SOUTH DADE CANAL COMPANY</b>					
Principal Place of Business <b>11010 SW 88TH ST STE 200 MIAMI FL 33176</b>			Mailing Address <b>11010 SW 88TH ST STE 200 MIAMI FL 33176</b>		
2. Principal Place of Business <i>10755 SW 190th Street</i> Suite, Apt. #, etc. <i>Box 416</i> City & State <i>Miami, FL</i> Zip <i>33157</i>		3. Mailing Address <i>10755 SW 190th Street</i> Suite, Apt. #, etc. <i>Box 416</i> City & State <i>Miami, FL</i> Zip <i>33157</i>		4. FEI Number <b>65-0492047</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>ASKOWITZ, ANTHONY 11921 S. DIXIE HWY STE 201 MIAMI FL 33156</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>ASKOWITZ, GERALD</b> <b>11010 SW 88TH ST STE 200</b> <b>MIAMI FL 33176</b>		<input type="checkbox"/> Delete <i>Correct</i>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <b>3/4/05</b>					